

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004747

FILED
May 16, 2006
Secretary of State

Entity Name: NEW VISION MINISTRIES INTERNATIONAL INC.

Current Principal Place of Business:

ROUTE 2
GRACEVILLE, FL 32440 US

New Principal Place of Business:

Current Mailing Address:

1187 SELMA CHURCH RD
GRACEVILLE, FL 32440 US

New Mailing Address:

FEI Number: 72-1344334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PREVATT, DARLENE
1187 SELMA CHURCH RD.
GRACEVILLE, FL 32440 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PREVATT, DARLENE REV.
Address: 5419 BROWN ST
City-St-Zip: GRACEVILLE, FL 32440

Title: V () Delete
Name: PREVATT, JOHATHAN
Address: 1712 KEATING ROAD
City-St-Zip: DOTHAN, AL 36303

Title: ST () Delete
Name: FOWLER, PATTY
Address: 101 LAKEFOREST DR
City-St-Zip: DOTHAN, AL 36301

Title: T () Delete
Name: CHERRY, SARA
Address: 102 KEATING RD
City-St-Zip: DOTHAN, AL 36301

Title: PREV () Delete
Name: ATT, TYLA
Address: 1400 WICOLD DR
City-St-Zip: DOTHANS, AL 36301

Title: T () Delete
Name: SHIVER, J. R.
Address: 450 TRI-COUNTY RD
City-St-Zip: GRACEVILLE, FL 32440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE PREVATT

P

05/16/2006

Electronic Signature of Signing Officer or Director

_____ Date